California Medical Record Service
4232-1 Las Virgenes Road, Suite 200
Calabasas, CA 91302
(818) 880-2111 FAX (818) 880-9577

INVOICE

Invoice#: 006-9805079

Date: 12/16/1998

ID#95-4593992

KATHY GOLD
11054 VENTURA BLVD
203
STUDIO CITY, CA 91604

PER YOUR REQUEST, MEDICAL RECORDS CONCERNING THE PATIENT BELOW ARE ENCLOSED.

Patient
Gold, Kathy

Hospital
Olive View Medical Center

Charges	
Photocopy Fee	$ 15.00
Retrieval Fee	0.00
Postage & Handling	0.00
Sales Tax	0.00
Total	$ 15.00
Less Prepayment	-15.00
Balance Due	$ 0.00

Due and payable upon presentation. Delinquent 15 days thereafter. A finance charge of 1½% per month (annual rate of 18%) will be charged on past due balance after 30 days.

Invoice#: 006-9805079
Date: 12/16/1998
Amount: $ 0.00

Requestor: KATHY GOLD
Patient: Gold, Kathy

PLEASE DETACH THIS STUB
AND SEND WITH PAYMENT TO:
(ACCOUNT WILL NOT BE CREDITED WITHOUT THIS STUB)

ENCLOSED IS OUR REMITTANCE $_____

California Medical Record Service
4232-1 Las Virgenes Road, Suite 200
Calabasas, CA 91302

Kathy Gold
11054 Ventura Blvd, #203
Studio City, CA 91604

Olive View Hospital
14445 Olive View Dr.
Room 1B114
Sylmar, CA 91342
Attn: Medical Records

November 10, 1998

MF 233-35-41

Dear Medical Records,

Enclosed, please find a check in the amount of $15.00 for copies of my medical records for #2333541.

Please send the copies to:

Kathy Gold
11054 Ventura Blvd, #203
Studio City, CA 91604

If you have any questions, please feel free to give me a call at (818)828-7400.

Thank You,

Kathy Gold

Kathy Gold

12-16-98
CMRS
SP

COUNTY OF LOS ANGELES

ADULT PSYCHOSOCIAL

OLIVE VIEW-UCLA MEDICAL CENTER

* see Psych Hx/Px for additional info

I. **SOURCES OF INFORMATION:** pt.

II. **FAMILY/SUPPORT PERSONS:**
Relationship: boyfriend Name: Jon MacKinder Telephone: (818) 541-0882
Relationship: _____ Name: _____ Telephone: _____

III. **IDENTIFYING DATA:**
Ethnicity: Hungarian
Primary Language: English English? [Yes ____] [No ✓]
Medical Coverage:
MediCal: __ Medicare: __ HMO: __ PPO: __ Private Insurance *(Carrier Name)*: _____
Funding Source (s):
Entirely Supported by Family : ____ Employment: ____ V A Pension : ____ UIB: ____ SDI: ____ SSI: ____
SSDI: ____ GR: ____ AFDC: ____ Other: ____ None: ✓
Monthly Amount: # 4000.00
Payee: Self: ✓ Other *(Name)*: _____
Application Pending? [Yes ___] [No ✓] Date/Office: _____
Worker: _____
Military History: [Yes ___] [No ✓]
Branch of Service: _____
Dates of Service *(Approximate)*: _____
Outside Agency Involvement:
DCFS: ____ APS: ____ Regional Center: ____ Case Management: ____ Other: ____ None: ✓
Worker: _____

IV. **CRIMINAL HISTORY?** [Yes __] [No ✓] Currently on Probation: [Yes ___] [No ✓] Parole: [Yes __] [No ✓]
If "Yes", Name of Officer: _____
Court Hearing Pending? [Yes ___] [No ✓]
Describe Criminal Activity *(Crime (s) Involved; Institution (s); Incarceration (s); Date (s)*: _____

V. **PREVIOUS RESIDENTIAL ENVIRONMENT:**
Prior To Admission: With Family: ____ Own Home: ____ Rented Dwelling: ____ B & C: ____ IMD: ____
Subacute: ____ Transient: ____ Other: _____
List Others Living with Patient *(if applicable)*: _____
CanPatient Return to Previous Environment: [Yes ✓] [No ✗ (AW)] Only with Medical Advice? [Yes ✓] [No ___]
Previous Placement History:
B & C (s): ____ IMD (s) ____ Subacute (s): ____ Drug Tx Program (s): ____ Name of Facilities: _____

VI. **CHILDHOOD HISTORY:** *(Unmet Developmental Milestones; Learning Disabilities; Remarkable Behavior Problems; Delinquent Behavior)* : Pt denies any dev. prob or behavioral problems.
Physical and/or Sexual Abuse? [Yes ___] [No ✓] Describe:

PATIENT DATA-IMPRINT OR PRINT LEGIBLY
Name
MRUN
Date of Birth
Ward or Clinic 3-35-41
Reg. Loc. Code C.C.D. KATHLEEN ☐ I
12/17/66 F W ENGLISH ☐ C

OVOP

County of Los Angeles | Department of Health Services

OLIVE VIEW - UCLA MEDICAL CENTER

DEPARTMENT OF EMERGENCY MEDICINE
PHYSICIAN'S ORDERS

DATE	TIME	NO.	ORDERS	TIME	SIGNATURE
			ALLERGIES:		
9/4/98	04[53]		X-RAY LOFT TIB - FIB X 312153.		MD
			BACITRACIN & BANDAGES TO ABRASIONS		RN
			R. Beidler		
			Laffredo		MD
			TETANUS-DIPHTHERIA TOXOID 0.5mg IM,		RN
9/4/98	05[30]		THEN -		
			TRANSFER TO PSYCH / Laffredo		MD
			R Beidler		RN
					MD
					RN
					MD
					RN
					MD
					RN
					MD
					RN
					MD
					RN
					MD
					RN

White/Chart Canary/Referral Pink/Dept. of Emergency Medicine

DEPARTMENT OF EMERGENCY MEDICINE
PHYSICIAN'S ORDERS

Patient Data — Imprint or Print Legibly

Gold, Katuleen
12-17-66
233-35-41

76E570 OV1337 (8/91) 3/98

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

OLIVE VIEW - UCLA MEDICAL CENTER

☐ 14445 Olive View Drive Sylmar, Ca. 91342-1495
☐ 7515 Van Nuys Blvd., Van Nuys, Ca. 91405

CONSULTATION REQUEST

TO: Psych

REQUESTED BY: (Print) Coffredo

CLINIC: ______ WARD: ED

POSITION: MD

DATE: 9/4/88

REASON FOR REQUEST (INCLUDE DETAILS OF RELEVANT STUDIES ORDERED & PRESENT MEDICATIONS)

32 y.o. F c̄ psychotic episode this PM, h/o seizure (total ...) awoke from sleep, kicking & screaming to get out of house, eventually restrained by friends & paramedics

PROVISIONAL DIAGNOSIS: Acute psychosis

EVALUATE ONLY ______ EVALUATE & TREAT ✓

CONTACT ME AFTER SEEING PATIENTS AT THIS PHONE ______

PRIORITY: URGENT

ROUTINE ______ EMERGENCY ______

SIGNED: Coffredo M.D.

DATE OF CLINIC APPOINTMENT:

______, M.D.

ADDRESS (If not house, list apartment number)

CITY

ZIP CODE

TELEPHONE NUMBER
( )

CONSULTATION REQUEST

78C725A OV-1244 (REV. 4/91) 12/97

PATIENT DATA — Imprint or Print Legibly

Name: Gold, Kathleen

MRUN

Date of Birth: 233-35-41

Ward or Clinic:

Req. Loc. Code:

☐ I
☐ C

CANARY - CHART COPY WHITE - PATIENT COPY WHITE - SUSPENSE COPY (DISCARD AFTER ORIGINAL CHART COPY RETURNED)

ARRIVED - DATE & TIME

OLIVE VIEW - UCLA MEDICAL CENTER
DEPARTMENT OF EMERGENCY MEDICINE
NURSING DATA BASE AND FLOW RECORD

TRIAGE OUT - DATE & TIME

TRIAGE

UNIT: ☑ ER ☐ MWI ☐ PEDS WI ☐ OB

TRIAGE STATUS: ☐ EMERGENT ☐ URGENT ☑ NON-URGENT

HOW: ☐ Amb ☐ Bus ☐ Private Auto ☐ Paramedic Squad ☐ Other LAPD
☐ Restraints ☐ Carried ☐ Walking ☐ Wheelchair ☐ Stretcher ☐ C-Spine Prec. ☐ Seizure Precautions ☐ Side Rails Up ☐ Alone ☐ w/Friend ☐ w/Relative ☐ w/Other

FROM: ☐ Home ☐ Nursing Home ☐ Outside Hospital ☐ Other

CHIEF COMPLAINT: Y/O ☐M ☐F

INITIAL

COMMUNICABLE DISEASE ☐NO ☐YES EXPLAIN: INITIAL

LNMP 2 wks ago GR P AB PRENATAL CARE EDC:

CONTRACTIONS ☐NONE FREQUENCY MIN VAGINAL BLEED ☐NONE ☐SHOW ☐MODERATE ☐HEMORRHAGE

MEMBRANES ☐INTACT ☐RUPTURED ☐UNKNOWN FETAL MOVEMENT ☐NORMAL ☐DECREASED ☐ABSENT

DATE	TIME	A-V-P-U FHT	B/P	TEMP	PULSE	RESP	INIT.

LEVEL OF PAIN: 0 1 2 3 4 5 6 7 8 9 10

ALLERGIES: ☑N ☐ UNK ☐YES

INITIAL ASSESSMENT

DATE	TIME	A-V-P-U FHT	B/P	TEMP	PULSE	RESP	INIT.
9/9	0445	A	134/93	99.4 (T)	109	20	RN

CURRENT MEDICATIONS: Ø

SIGNIFICANT PAST MEDICAL PROBLEMS: ☐DIABETES ☐HTN ☐CARDIAC ☐PULMONARY ☐ETOH ☐IVDA ☐CVA ☐SEIZURES ☐PREMATURE (PEDS) ☐NONE Denies

IMMUNIZATIONS

DT: DATE

TB TEST ☐+ ☐-

IMMUNIZATION: DATES

DPT #1 #2 #3

BOOSTER

TOPV #1 #2 #3

BOOSTER

MMR | HIB | HEPTAVAX

Hep B #1 #2 #3 Booster

HIGHEST PATIENT RESPONSE LEVEL A☐ Awakes, oriented to ☐ Time, ☐ Place, ☐ Name
V☐ Responds only to verbal stimuli P☐ Responds only to painful stimuli U☐ Unresponsive to painful stimuli

(R) SIZE		SIZE (L)
☐	Equal	☐
☐	Pinpoint	☐
☐	Midrange	☐
☐	Dilated	☐
☐	Reactive	☐
☐	Non-Reactive	☐

PUPILS: 1 2 3 4 5 6 7 8

SKIN
Color: ☐ Normal ☐ Flushed ☐ Pale/Ashen ☐ Icteric ☐ Cyanotic
Moisture: ☐ Normal ☐ Moist ☐ Dry ☐ Profuse
Temp: ☐ Warm ☐ Cool ☐ Hot ☐ Cold
Condition: ☐ Intact ☐ Lesions ☐ Rash ☐ Pressure Areas

BREATH SOUNDS

(R)		(L)
☐	Clear	☐
☐	Decreased	☐
☐	Wheeze	☐
☐	Gurgles	☐
☐	Crackles	☐

NURSING ASSESSMENT: 0445 - 31y F. Transferred from psych ER on 5150 - initially BIB LAPD to psych for running into street naked. S/P sexually assaulted, hx of night mares. Superficial abrasion to (R) knees. Hematoma to (L) lower leg. Ø active bleeding.

WEIGHT: | HEIGHT: | HEAD CIRC.:

CMR ☐ DMV ☐ NOTIFICATION

T.B.S.

INITIAL NURSING DIAGNOSIS: Alt thought process INIT. RN

CONSENT STATUS
☐ Voluntary ☐ 72 Hour Hold ☐ 14 Day Hold
For P.C. 11160 - M.C. Safety Police Notified
Time Init.

FASTTRACK ONLY

CURRENT NURSING DIAGNOSIS/REASSESSMENT:

DISPOSITION Date: Time:
☐ Home ☐ Referred to:
Admit to: Init.
Report given to:

INIT	SIGNATURE & TITLE	INIT	SIGNATURE & TITLE
RN	R Reid RN		

MEDICATION

DATE	TIME	MEDICATION	DOSE	ROUTE	INIT.

PATIENT DATA-IMPRINT OR PRINT LEGIBLY

NAME Gdd, Kathleen
MRUN
DATE OF BIRTH 12-17-66
WARD OR CLINIC
REQ. LOC. CODE 233-35-41 ☐I ☐C

COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES
OLIVE VIEW - UCLA MEDICAL CENTER
DEPARTMENT OF EMERGENCY MEDICINE
NURSING DATA BASE AND FLOW RECORD

78N877 OV1838 7/97

WHITE/Chart Copy: PINK/D.E.M.

COUNTY OF LOS ANGELES

OLIVE VIEW - UCLA MEDICAL CENTER
DEPARTMENT OF EMERGENCY MEDICINE

DEPARTMENT OF HEALTH SERVICES

DEPARTMENT OF EMERGENCY MEDICINE RECORD

TIME 0540 LNMP ____ GR ____ P ____ AB ____

HISTORY

32 y.o. F ? Psych Hx, ANGRY FROM ARGUMENT WITH MANAGER AT WORK, KICKING, RAN OUT OF HOUSE, RESTRAINED / TACKLED BY FRIENDS, BIB' PM'S, IN HAND RESTRAINTS - SIBLING

DOES NOT RESPOND TO ?'s ABOUT SI / HI

ALLERGIES:

dT

MEDS:

DATE	TIME	A-V-P-U FHT	B/P	TEMP	PULSE	RESP	INIT.

DATE	TIME	A-V-P-U FHT	B/P	TEMP	PULSE	RESP	INIT.
9/4	44.	A	134/93	97.9	109	20	[illegible]

IN HAND RESTRAINTS, NAD, INTERACTIVE
ABRASIONS (R) KNEES
HEMA (L) SHIN
NCAT & OTHER TRAUMA
RRR 3/6 M
CTAB
ABD: SOFT

Rua

HgB / WBC / HcT

Na Cl Bun / K HCO_3 Cr Glu

pH pCO_2 pO_2 HCO_3

o/o Sat.

Icon

Rh

EKG

X-ray (L) NB FB (-)

Other X HEMA

UZ

CT

TIME	CONSULTANT

DATE/TIME OUT 9/4 0620

PROGRESS NOTES & PLANS

CONTINUATION

MEDICALLY CLEARED

0640

DISCHARGE CONDITION

☐ Good ☐ Critical ☐ Out c ACI ☐ Gurney/WC ☐ Life Support
☐ Fair ☐ DOA ☐ Out AMA Admit Dr. ____ Rm# ____
☐ Poor ☐ DOA-DRA ☐ Trans to PSYCH
☐ Serious ☐ ER Death Reason ____

DISCHARGE IMPRESSION

A: ACUTE PSYCHOSIS
P: ADMIT TO PSYCH.

MD SIGNATURE	TIME	PRINT NAME
	0535	GRIMALDO
SHIFT 2 - MD SIGNATURE	TIME	PRINT NAME
SHIFT 3 - MD SIGNATURE	TIME	PRINT NAME

ATTENDING SIGNATURE	ATTENDING SIGNATURE	ATTENDING SIGNATURE
SHIFT 1 C Moran (Moran)	SHIFT 2	SHIFT 3

PATIENT DATA-IMPRINT OR PRINT LEGIBLY

NAME Gda. Kathleen

MRUN

DATE OF BIRTH 12-17-66

WARD OR CLINIC

REQ. LOC. CODE 733-35-41

☐ I
☐ C

DATE/TIME IN 9/4 0540

WHITE/Chart Copy: PINK/D.E.M.

Printed on recycled materials.

VII. **MARITAL RELATIONSHIP HISTORY AND CHILDREN:** *(Indicate Divorce (s), Domestic Violence and Whereabouts of Children, both Minor (s) and Adult (s)* : Pt. married x1 - for 1½ year. ϕ domestic violence.

VIII. **FAMILY HISTORY** : *(Family Constellation during Childhood; Birth Order; Social and Cultural Background; Emotional Factors; Significant Life Events; Baseline Functioning; and Family Perception of Patient's Illness and/or Substance Abuse)*:

Pt. is only child, born in Hungary, came to U.S. at age 4. Pt. is scientologist and refuses all meds and medical treatment. Pt. is currently living on her own in 2 bedroom apt- self- supported. Pt has ϕ hx of ever taking meds, nor ψ treatment/mental illnesses. Is undergoing "auditting" z church of scientology since 1986 for self-realization.

BRIEF PSYCHOSOCIAL ASSESSMENT AND DISCHARGE PLAN (S) :

1. D/C pt AMA - pt refusing meds and altercoc Elv - has own counsellor.
2. Pt coherent. ϕ disorganized behavior or disorganized speech at this present time.
3. ϕ need for social service involvement. Pt assumes all responsibility and not of any others at. Olive View

Angeli Majat MD

Name and Title

9-8-98

Date

C:\ADPSYCH02.DOC

OLIVE VIEW MEDICAL CENTER
14445 OLIVE VIEW DRIVE
SYLMAR, CA 91342-1495
818-364-3001
PRINTED: Mon Sep 7, 1998 6:24 AM

GOLD,KATHLEEN F 12/17/1966 31Y MRUN: 233-35-41
06/ER Acct #: 4484127
Admit Phys: TALAN,DAVID A Admit Dx: ER
Status: SIGNED

==========

L/TIBIA & FIBULA X-RAY on 09/04/98 0515 (X312153-1)
Order Phys: LOFFREDO,ANTHONY J. Order Dx: ER
Clinical Indication For Exam?:
R/O FX

The osseous tructures and joint spaces have a satisfactory appearance.

Dictated By: ROBBINS,CLAUDETTE E MD 09/04/98 1513
Released By: (Electronic Signature) SIGNED
ROBBINS,CLAUDETTE E MD 09/04/98 1547
Interpreted By: ROBBINS,CLAUDETTE E MD
Transcribed: CCR 09/04/98 1547

RADIOLOGICAL SCIENCES CONSULTATION

COUNTY OF LOS ANGELES — DEPARTMENT OF HEALTH SERVICES

OLIVE VIEW-UCLA MEDICAL CENTER
CASE MANAGEMENT / DISCHARGE PLAN

Rdn

Admission Date 9-4-98	Discharge Date 9-8-98.	Legal Status (Code #) Admiss: Disch				MRUN 2333541		[redacted]
Patient Name Kathleen Gold		Age	Sex F	Race A	Marital Status D.	Religion Scientologist.	Birthdate 12-17-66	Birthplace (State) USA

Discharge Date 9-8-98 1800 Burbank Ave #3, Tarzana, Ca 91356 Telephone 818, 343-7508

DIAGNOSIS:

	Admission		Discharge
Axis I	Psychosis NOS - 298.9	Axis I	Brief Psychotic Disorder
Axis II	deferred	Axis II	deferred
Axis III	abrasions.	Axis III	abrasions
Axis IV	unknown	Axis IV	pt. denies.
Axis V	10	Axis V	50
GAF	10	GAF	50-

NUMBER OF PREVIOUS HOSPITALIZATIONS: # Ø.

AUTHORIZATION FOR MINOR'S ADMISSION:

REASON FOR HOSPITALIZATION AND COURSE OF TREATMENT: pt is 31y/o Hungarian, divorced ♀ - BIB on 5150 after roaming streets naked after having nightmare of being raped. Pt. was on 14d for DTS/GD. Pt. is strict scientologist and has refused meds or any medical treatment. Pt. requesting writ and preoccupied c̄ leaving. Pt. refuses to sign any forms ∴ will be discharged AMA. Pt. acknowledges leaving AMA and assumes responsibility for after care, also.

DISCHARGE MENTAL STATUS: pt alert/oriented x4. fair grooming and hygiene. Behavior = uncooperative c̄ specific questions, irritable, stubborn, preoccupied c̄ going home. Mood = Fine. Affect = superficial. speech = nl volume/rate/tone. Thought Process = Linear. Thought Perception = Pt. denies any delusions, however expresses affiliation c̄ many celebrities through web site page arrangements. Thought content: pt. denies A/V H, SI/HI insight = poor.

ARRANGEMENTS FOR THE HOMELESS PATIENT:

PRESENT LEVEL OF FUNCTIONING: (INCLUDE CAPACITY TO PROVIDE FOR FOOD, CLOTHING & SHELTER) - fair.

TREATMENT GOALS & OBJECTIVES: (STATED IN MEASURABLE TERMS) - ↓ impulsive activity. Gain control over behavior.

PROGNOSIS: 6 month: fair 12 month: fair.

MEDICATION ON DISCHARGE: INCLUDE DOSAGE SCHEDULES

MEDICAL REFERRALS & APPOINTMENTS

TYPE OF DISCHARGE: WMA ___ AMA ✓ AWOL ___ TRANSFER ___ DISCHARGE TO: Self ✓ Relative ___ Friend ___ Other ___

AFTERCARE PLANS: None ___ Refused ✓ Out of Region ___ Within Region ___

REFERRED TO: County ___ State ___ VA ___ Private ✓ Legal Aid ___ Vocational Services ___ Educational Services ___ Other ___

TYPE OF FACILITY OR PROGRAM: SNF ___ B & C ___ O.P. ___ DAY Tx ___ IN-PATIENT ___ SELF-HELP ___ * pt. refuses aftercare f/u - is scientologist

DISABILITY: Yes (No) DURATION:

Aftercare Agency	Appointment Date	Time
NA Private auditor c̄ Church of Scientology		NA

Mental Health Personnel Responsible for Pt. Care: M.D. Ph.D. M.S.W. R.N.

Signature of Physician: Angel Margat, MD. | Gerardo S. Aron MD | Date 9-8-98

76D561 OV1414 (1/96)

CASE MANAGEMENT / DISCHARGE PLAN

COUNTY OF LOS ANGELES | OLIVE VIEW – UCLA MEDICAL CENTER | DEPARTMENT OF HEALTH SERVICES

MEDICAL SUMMARY

CODE NUMBER	FINAL DIAGNOSIS (LIST EACH DIAGNOSIS SEPARATELY—NO ABBREVIATIONS)	RESULTS
298.8	PRIMARY DIAGNOSIS:	
	1. Brief Psychotic Disorder	
	SECONDARY DIAGNOSIS:	
	COMPLICATIONS (PRE AND POST-OP):	
	OPERATIONS AND/OR SPECIAL TESTS AND TREATMENTS:	
	Pt. refuses any meds. ϕ meds on discharge.	

DATE	WARD	CHIEF OF SERVICE	ATTENDING PHYSICIAN	POST GRADUATE PHYSICIAN 2-6TH YRS.	POST GRADUATE PHYSICIAN 1 ST YR.
9-8-98	6C	—	Dr. Arora	—	Dr. Mangat

AUDITED AND CODED BY 5

MEDICAL AUDIT SECTION

I HAVE REVIEWED THIS RECORD, AND TO THE BEST OF MY KNOWLEDGE, IT IS ACCURATE AND COMPLETE:

DATE 9-8-98 SIGNATURE Gurdev S. Arora MD

POST GRADUATE PHYSICIAN 2ND-6TH YEARS OR STAFF PHYSICIAN

ADDITIONAL REMARKS:

IMPORTANT—Disability Assessment

- ☐ Disability commenced on _____
- ☐ Disabled until _____
- ☐ Not disabled

Discharge Summary Completed 9-8-98

by Anjali Mangat, MD (PRINTED NAME) Anjali Mangat, MD (SIGNATURE) DATE

Date of Admission 9-4-98

Date of Discharge 9-8-98 (Or Expiration)

PATIENT DATA—IMPRINT OR PRINT LEGIBLY

Name

MRUN

Date of Birth 733-35-41

Ward or Clinic COLD, KATHLEEN

12/17/60 F W ENGLISH

Req. Loc. Code OVOP ☐ C

State of California — Health and Welfare Agency — Department of Mental Health

INVOLUNTARY PATIENT ADVISEMENT
(TO BE READ AND GIVEN TO THE PATIENT AT TIME OF ADMISSION)

MH 303 E/S (3/87)

Name of Facility: OLIVE VIEW MEDICAL CENTER

Patient's Name: Crotel, Kathleen — Admission Date: 9/4/98

Section 5157 (c) and (d) of the Welfare and Institutions Code (W&I) requires that each person admitted for 72-hour evaluation be given specific information orally and in writing, and a record of the advisement be kept in the patient's medical record.

My name is W Sulman - Sm.M

My position here is Psychiatry resident

You are being placed in this psychiatric facility because it is the opinion of the professional staff, that as a result of a mental disorder, you are: (check applicable)

Dangerous to yourself ✓

Dangerous to others _____

Gravely Disabled (unable to provide for your own food, clothing or shelter) _____

(Document specific evidence which substantiates reason for hold):

We feel this is true because you have impaired insight & judgement & were running into the street.

You will be held for a period of up to 72 hours. This (does not) (does) include weekends or holidays. Your 72-hour period will begin: 0412, 9/4/98 (Time and Date). Your 72-hour evaluation and treatment period will end at: 0412, 9/7/98 (Time and Date).

During these 72 hours you will be evaluated by the hospital staff, and the treatment you receive may include medications. It is possible for you to be released before the end of the 72 hours, but if the professional staff decide that you need continued treatment, you can be held for a longer period of time. If you are held longer than 72 hours, you have the right to a lawyer and a qualified interpreter and a hearing before a judge. If you are unable to pay for the lawyer, then one will be provided free.

State law presumes you to be competent regardless of whether you have been evaluated or treated for mental disorder as a voluntary or involuntary patient.

Good Cause for Incomplete Advisement: _____ Date: _____

Advisement Completed By: W Sulman. Position: Psychiatry resident Date: 9/4/98

CC: Original to the Patient
Carbon to Patient's Record

87 47088

State of California—Health and Welfare Agency

Department of Mental Health

APPLICATION FOR 72-HOUR DETENTION FOR EVALUATION AND TREATMENT

Confidential Client/Patient Information
See California W & I Code Section 5328

MH 302 (7/90)

W & I Code, Section 5157, requires that each person when first detained for psychiatric evaluation be given certain specific information orally, and a record be kept of the advisement by the evaluating facility.

DETAINMENT ADVISEMENT

My name is OFCR MAGAT 32469
I am a (Peace Officer, etc.) with (Name of Agency).
You are not under criminal arrest, but I am taking you for examination by mental health professionals at (Name of Facility).

You will be told your rights by the mental health staff.

If taken into custody at his or her residence, the person shall also be told the following information in substantially the following form:

You may bring a few personal items with you which I will have to approve. You can make a phone call and/or leave a note to tell your friends and/or family where you have been taken.

☒ **Advisement Complete** ☐ **Advisement Incomplete**

Good Cause for Incomplete Advisement

Advisement Completed By: OFCR MAGAT 32469 | Position: LAPD | Date: 9-4-98

To OV-UCLA Med. Ctr.

Application is hereby made for the admission of KATHLEEN M. GOLD

residing at 17950 DUNBARK BL # 2 TARZANA 91356, California, for 72-hour treatment and evaluation pursuant to Section 5150, (adult) et seq. or Section 5585 et seq. (minor), of the Welfare and Institutions Code. If a minor, to the best of my knowledge, the legally responsible party appears to be/is: (Circle one) Parent; Legal Guardian; Juvenile Court as a WIC 300; Juvenile Court as a WIC 601/602; Conservator. If known, provide names, address and telephone number: ___

The above person's condition was called to my attention under the following circumstances: (See reverse side for definitions)

WE REC'D R/C TWO TIMES AT LOC. FOR ATTEMPT ATTACK.

The following information has been established: (Please give sufficiently detailed information to support the belief that the person for whom evaluation and treatment is sought is in fact a danger to others, a danger to himself/herself and/or gravely disabled.) PERSON HAS NIGHTMARES OF BEING SEXUALLY ASSAULTED. RUNS INTO STREET NAKED THINKING SOMEONE IS [illegible] ASSAULTING HER.

Based upon the above information it appears that there is probable cause to believe that said person is, as a result of mental disorder:

☒ **A danger to himself/herself.** ☐ **A danger to others.** ☐ **Gravely disabled adult.** ☐ **Gravely disabled minor.**

Signature title and badge number of peace officer, member of attending staff of evaluation facility or person designated by county	Date	Time	Phone
[signature] 32469 LAPD/WRAL	9-4-98	0412	(818) 756-8543

Name of Law Enforcement Agency or Evaluation Facility/Person: LAPD

Address of Law Enforcement Agency or Evaluation Facility/Person: 19020 VANOWEN WEST VALLEY, RESEDA, CA 91335

☐ Weapon was confiscated and detained person notified of procedure for return of weapon pursuant to W & I Code Section 8102. (officer/unit & phone #) ___

NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY

NOTIFICATION OF PERSON'S RELEASE FROM AN EVALUATION AND TREATMENT FACILITY IS REQUESTED BY THE REFERRING PEACE OFFICER BECAUSE:

☐ Person has been referred under circumstances in which criminal charges might be filed pursuant to W & I Code Sections 5152.1 and 5152.2. Notify (officer/unit & phone #) ___

☐ Weapon was confiscated pursuant to W & I Code Section 8102. Notify (officer/unit & phone #) ___

SEE REVERSE SIDE FOR INSTRUCTIONS

County of Los Angeles

Dept. of Health Services

OLIVE VIEW-UCLA MEDICAL CENTER
DEPARTMENT OF PSYCHIATRY

PSYCHIATRIC ASSESSMENT

IDENTIFYING DATA :

Name Kathleen Gold **D.O.B.** 12/17/66 **Legal Status :** 5150

Marital Status: (M) M/ D/ Sep/ W/ Cohabit **SEX** M/F **Hospital Number :** 233-35-41

HISTORY OF PRESENT ILLNESS (Including psychosocial stressors) :
Pt. is vague & guarded. Says she's had "strong emotions" x 4-5 days
c ↓ sleep and racing thoughts. Denies prior episodes of same.
Denies prior significant depression or prior hx SA.
Feels that her mother is doing something to make her feel & act this
way, but doesn't know what. Does not endorse any recent rape attempt
Says bruises & abrasions due to struggle c boyfriend who wanted her to stay at home.

RUDS ⊕
Benzos
(had received
ativan in
PER)

CURRENT PSYCH MEDS/DOSES : offered olanzapine, but refusing. (Need on pcn
yesterday for severe agitation)

PAST PSYCHIATRIC HISTORY : if previous admissions, document hospital, duration, diagnoses, treatment aftercare, and compliance with treatment :
Pt denies prior ✝ hx. Denies hx counseling (although chart shows
Church of Scientology counselor called)

MEDICAL HISTORY TO INCLUDE ALCOHOL, TOBACCO, AND ILLICIT DRUG USE :
Smoked pot a few times in high school. Denies other drug use.
Denies medical problems.

FAMILY PSYCHIATRIC HISTORY INCLUDING DRUG/ALCOHOL ABUSE : MO is Etoltics' drug
abuser "She used drugs c my friends" per Pt. Father is in mental institution in Hungary
when she was 14 y/o, he came home & said I wasn't his daughter & wife wasn't his wife
& he was going to kill us. ✝ hosp → d/c → went to Hungary → ✝ hosp.

PAST PERSONAL HISTORY: childhood and adolescent development, personality traits, psychopathology, incarcerations/probation : Only child. Grew up in San Fernando Valley. Father left
@ 14 y/o (see above) MO remarried. ✝ incarcerations. ⊖ childhood ✝ hx
✝ went to counselling x 1 c ↑ father left & refused to go again

school, armed forces and work history : H.S. graduate. Certificate in computer programming

religious history : Christian Science since 19 y/o.

current sexual adjustment, identity, preference, attitudes : heterosexual.

social history : (personal, sibling, marital, children) :
Divorced. No Children.

PATIENT DATA - IMPRINT OR PRINT LEGIBLY

NAME

OV #

Date of Birth

Ward or Clinic

233-35-41
GOLD, KATHLEEN
12/17/66 F W ENGLISH

OVOP

MENTAL STATUS EXAMINATION

physical appearance and grooming unkempt, poor grooming. in hospital gown.
attitude toward examiner guarded.
motor behavior, activity level No x motor ↑ or ↓ but exposes genitals briefly when shifting positions
affect/mood mood "bored" affect inappropriate → often smiles during interview inappropriately.
speech/language WNL
thought process/disorder/content TP Sparse 2° guarding. Admits to racing thoughts.

hallucinations : form/content Denies AH/VH/TB/TI

Paranoid delusions of persecution by mother, who has caused her current condition.

suicidal/homicidal ideation and impulse control: indicate if specific threats or command hallucinations to harm self or others:
Denies SI/HI. Denies CAH.
Poor impulse control.

abstraction/insight/judgment Apple/orange → food table/chair → wood, you eat on them.

orientation: to self, September 1998, Olive View x ward. Thinks it's Thursday (it's Saturday).
attention and concentration: impaired.

serial sevens : 100-93-stop. DLROW
memory short term and long term: 0/3 p 5' 2 cues. **repeat digits : F** _____ **B** _____

estimated intelligence: average

PRELIMINARY DSM IVR DX'S AND CODE NUMBERS :

AXIS I Psychosis NOS 298.9
AXIS I R/O BAD, mixed
AXIS II defferred.
AXIS III cuts/bruises
AXIS IV unknown
AXIS V **Current :** 10 **Past Year:** 0

PRELIMINARY TREATMENT PLAN: Pt. is Christian Science believer; refusing psychiatric tx, but pt. still florid psychotic - probably manic, & needs (at the very least) a locked ward for further observation/evaluation/tx prn.

Pt refuses to let me get collateral info from parents/friends at this time.

Primary Clinician : print and sign name, and date:
FLYNN

Attending Psychiatrist: print and sign name, and date:

County of Los Angeles

OLIVE VIEW - UCLA MEDICAL CENTER

Department of Health Services

DEPARTMENT OF PSYCHIATRY EMERGENCY SERVICE

INITIAL MEDICAL/MENTAL STATUS EVALUATION

Date: 9/4/98

Time: ______ hrs.

98 SEP -4 14:20 PSYCH ER

HISTORY & CHIEF COMPLAINT:

32 yr old C♀ BIB police because pt was sapp running into the street
cc: 'i came her to see my fiance'.
'Landlord broke in to rape me.'
PΨHx: denies past ψ hospitalizations
was on Prozac / Xanax - non compliant 'sister-in-law prescribed it - she's a stripper'
Habits: denies drug/ alchohol use
Family hx: denies
Social: 'don't know where I live.'
fiance said I should come here
'won't say anymore till my fiance' comes!'

ALLERGIES: denies

PHYSICAL COMPLAINTS: denies any medical problems
- pt has large hematoma Ⓛ leg + multiple cuts & bruises 2° to running thru' glass.

RECOMMENDATIONS: ① admit pt after pt medically cleared
② pt needs further evaluation & ~~stabilization~~
③ ↑ data base

pan Stradford
past care seller at
church of scientology
(818) 890-5251

(Continued on Reverse)

INITIAL MEDICAL/MENTAL STATUS EVALUATION

761693 OV1412 6/87

PATIENT DATA-IMPRINT OR PRINT LEGIBLY

Name Gold, Kathleen
233-35-41
MRUN GOLD, KATHLEEN
12/17/66 F W ENGLISH
Date of Birth 12-17-66
Ward or Clinic PER
Req. Loc. Code 6200

Los Angeles County

OLIVE VIEW - UCLA MEDICAL CENTER
DEPARTMENT OF PSYCHIATRY EMERGENCY SERVICE

Department of Health Services

SUPPLEMENTAL MEDICAL/MENTAL STATUS EVALUATION

Date _____

9/4/98

7am Pt needed to be placed in restraints Hostile, selectively mute, sliding onto the floor exposing herself. Poor impulse control.

Dr. Sullivan smith MD

09/04/98 - Received information, phone #'s of pt's primary physician, Dr. Shield's
- cellular phone - (818) 522-1583
- office (Shaw's health center) - (323) 467-5200

09/04/98 - Dr. Shield called requesting to speak with the pt. was informed that pt was asleep-

09/04/98 - rec'd call from Dan Strader RN requesting MD to be notified when pt is discharged; friends # (818) 890-5251

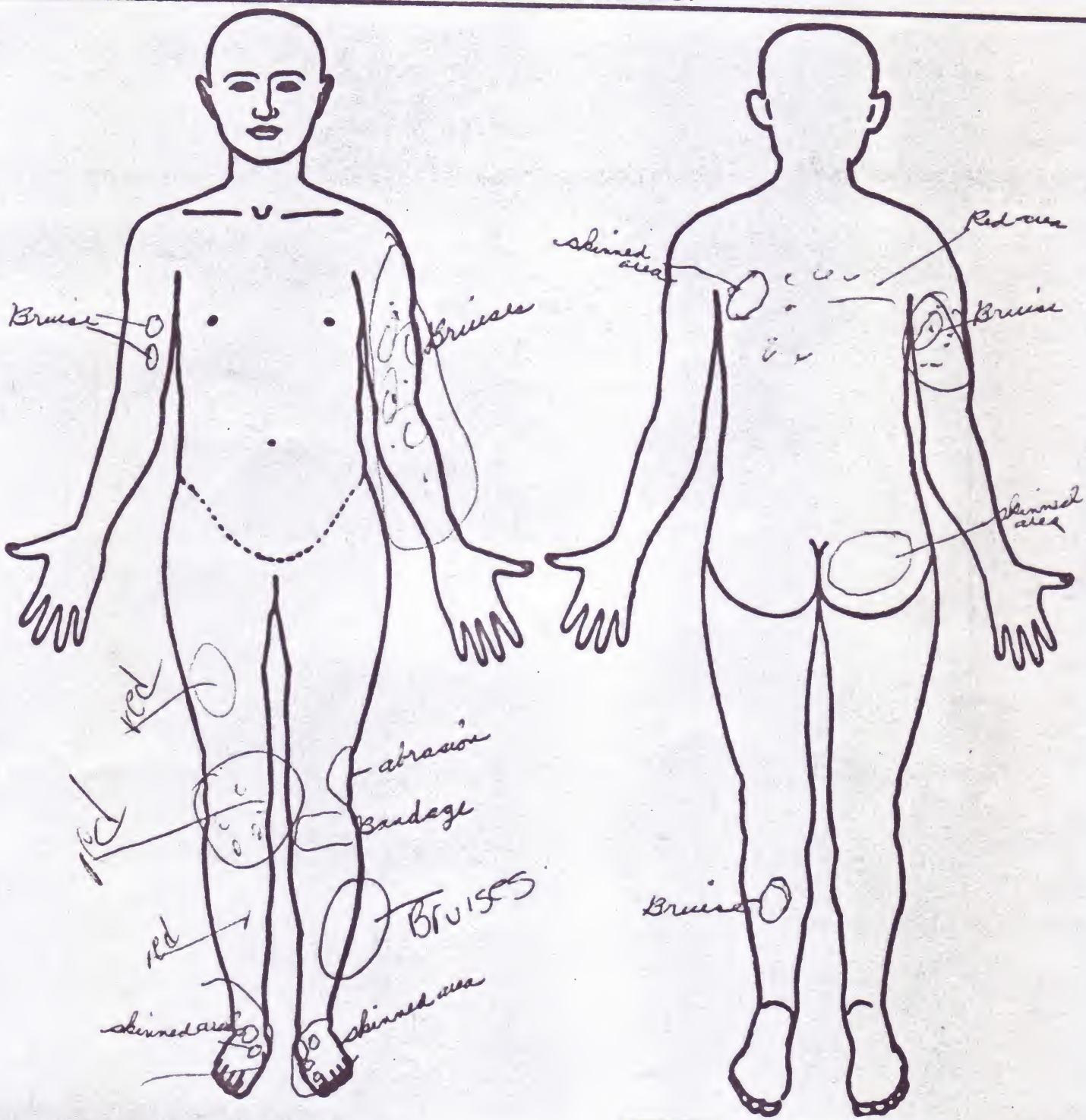
09-04-98 T/C

Patient Data- Imprint or Print Legibly
233-35-21
Name OLD, KATHLEEN
12/17/66 F W ENGLISH
HRUN
Date of Birth
Ward or Clinic
Req. Loc. Code
☐ I
☐ C

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

OLIVE VIEW-UCLA MEDICAL CENTER



NAME Gold, Kathleen AGE

MRUN 233-35-41

233-35-41

GOLD, KATHLEEN

WARD OR CLINIC PER 6200 F W ENGLISH

OVOP

DIAGRAM FOR SKIN LESIONS

76D466T OV1105 6|94

County of Los Angeles VALLEY CARE/OLIVE VIEW-UCLA MEDICAL CENTER Department of Health Services

Pilot Form

Psychiatric Emergency Room Holding Room Assessment

Date 9/4/98	Time 0630	VITAL SIGNS	Diet Regular		
Temp 98.1	Pulse 92	Resp 18	BP 120, 82	Ht Stated	Wt Stated	Ht Actual 5'2"	Wt Actual 140#

Prosthesis: Oglasses; Ocontacts; ___ dentures; Oother (specify)

ADMISSION INFORMATION

BIB West Valley LAPD after police received report that pt. had run out into the street Nude, stating someone was sexually assaulting her. She voices Nightmares of being sexually assaulted. MX bruises & abrasions to body surface c hematoma to Left Shin. Medically cleared in ED

Other health problems: [] denies [] yes

Intervention (I)

Evaluation (E) Adult female who is selectively mute. Altered mental status 2° to unknown influences paranoid-delusional

Problem/Nursing Diagnosis (P) Altered mental status c potential for self-injury

Expected Outcome (O) Client will stabilize and not injure self or others c/o hospitalization due to paranoid-delusions.

ALLERGIES

Drug [] NKDA	Food [] NKA	Other	Comment
UNKNOWN (pt selectively mute)			

CURRENT MEDICATIONS

**DRUG	Code	Dose	Route	Freq	Last Taken
UNK					

**Code: A=home, B=Kept on Unit, C=brought in by family, D=other

ORIENTED TO ENVIRONMENT

Given to Patient:	If no, Reason	Given to Patient	If no, Reason
Holding Room Rules [yes] [] *no		Oriented to unit/staff [yes] [] no	
ID Band [yes] [] *no		Pts' Rts Handbook [yes] [] no	
Body Scan [yes] [] *no			

Signature W. Brust RN Title: CHN II Date: 9-4-98

*Explain/describe

Patient Name Gold, Kathleen
MRUN 233 35-4
Date of Birth 12-17-66
Ward or Clinic PER Req. Loc. Code 6200

County Of Los Angeles

VALLEYCARE/OLIVE VIEW-UCLA MEDICAL CENTER Department of Health Services

Pilot Form 8/24/98

Psychiatric Emergency Room Assessment

BIB	ADMITTED FROM
PD from: West Valley Division Clinic: _____ LACSher _____ Div []Self []Family []Other _____	[]Home [DEM] []Walk-In []Clinic: _____ []Other
ADMISSION LEGAL STATUS	
[72H] []14D []Vol [] Con []Other For: []DTS []DTO []GD Initiated By: West Valley HARD	
INFORMATION FROM	**LANGUAGE SPOKEN**
[]Pt []PD [] MD []fam/SO [] transport []MH Clinic [Other]	[]English [] Spanish [] Other English

PATIENT STATEMENT AND PRECIPITATING FACTORS (S)

P/S (NO ANSWER - Selectively Mute)
Medically Cleared in Dem due to MX bruises & abrasions to body surface & large hematoma

Identified Stressors: paranoid-delusions

Duration of this problem/onset:

Alcohol: []denies []*yes UNK

Street Drugs: []denies []*yes UNK

Tobacco: []denies []*yes UNK

PSYCHIATRIC ASSESSMENT

General Appearance	disheveled c MX bruises/abrasions & hematoma (L) shin	Behavior	UNCOOperative
Orientation	ALERT	Perception	UNKNOWN
Speech	pressured/shout	Thought Content	paranoid-delusions
Mood/Affect	depressed c ANXIOUS affect hostile	Insight	0
Eye Contact	Vary	Judgement	0

Signature W. Hunt RN Title CNII Date: 9-4-98

Admit to PER Holding Room: []no [yes] Date 9/4/98 Time 0630

RECOMMENDED DISPOSITION (I)-If not admitted

TO:

RN Signature **Date** **Time**

Disposition Approved: []yes [] OR

Licensed MH Practitioner:

Date Time

*Explain/describe

Patient Name Gold, Kathleen

MRUN

Date of Birth 12-17-66

Ward or Clinic PER Resp. Code 4200

COUNTY OF LOS ANGELES

OLIVE VIEW - UCLA MEDICAL CENTER

DEPARTMENT OF HEALTH SERVICES

DATE	PROGRESS NOTES	SIGNATURE
9/4/98	@2015 NSG Admit Note. - 31 y/o ♀ Caucasian admitted to 6C room 111 from PER via w/c by PER staff on 72° hold as DTS. P: Alteration in Tlc 2o Delusions. E/O: Pt. will have ↓ in delusions by end of week. S: "I was trying to go forward but I was standing still." O: pt. awake/alert. oriented x place only - hygiene poor in hospital gown. speech soft - mood labile & inappropriately bizarre affect. denies A/V hallucinations but presents ⊕ TB and ⊕ delusions feeling that her sister is "Kirsti Alley" and that people sexually molest her in her sleep - pt. was BIB LAPD ⊕ she became out of control @ home and smashed out windows and ran out into street naked. - has multiple bruises and a large abrasion on @ buttocks & large bruise on @ chin. was med cleared in OEM. - pt denies that she has any past hx of ⊕ med or psych. - denies ETOH or drug use. - lives alone in her apartment and works in "movie production company" - was combative in PER and remains labile @ this point - was placed in BB until safe to release pt. - (see flow sheet). I: assessed pt mental status & problems identified - placed pt on ♎ 15" checks for safety - attempt to discuss P/C and tx plans w/ pt - gave pt the ob unit sheet. —	

(OVER)

PATIENT DATA-IMPRINT OR PRINT LEGIBLY

Name

MRUN 233-35-41

COLE, KATHLEEN

Date of Birth 2/17/66 F W ENGLISH

Ward or Clinic OVOP

Req. Loc. Code

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PROGRESS NOTES

76P749K OV518 (Rev. 9/93) 5/98

PROGRESS NOTES

DATE	PROGRESS NOTES	SIGNATURE
9/4/98	@2030- continued - Ex pt. labile at most really cooperative & interview. has little to no insight - in BD for DTS/DTO - - will observe closely for safety. Q 4-98 Nsg Entry: 100% Pt. in body belts see restraint sheets.	L Wade CNA
9-5	Mgt Entry Pt awake. Appears cooperative & calm able to contract not to hurt others. Blood D/C'd at this time. No acute med nursing at this time.	B Mutter
9-5-98	MD Note.	
12:00	Pt seen. Chart Reviewed. See White Sheet in Hi Psection.	Donna Flynn FLYNN

COUNTY OF LOS ANGELES

OLIVE VIEW - UCLA MEDICAL CENTER

DEPARTMENT OF HEALTH SERVICES

PROGRESS NOTES

DATE	PROGRESS NOTES	SIGNATURE
9/4/98	Nsg Entry 2330 Received pt. in B Bed. Sleeping at present. No redness or swelling at strap site. Checked q 1/2°	[illegible]
9-5-98	Nsg Entry 0330 Pt. awake briefly, appears very drowsy. Didn't verbally respond when spoken to. No redness or swelling at strap site. Resp even & unlabored. Will reevaluate need of 4 point when awake	[illegible]
9-5-98	Nsg Entry 0545 Pt. remains asleep at this time. Resp even & unlabored. No redness or swelling at strap site. In no distress. Will re-evaluate when awake. Monitor closely q 15 min.	[illegible]

(OVER)

PATIENT DATA-IMPRINT OR PRINT LEGIBLY

Name

MRUN 233-35-41

Date of Birth [illegible] D, KATHLEEN

Ward or Clinic [illegible]/17/66 F W ENGLISH

Req. Loc. Code OVCP

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☐ C

PROGRESS NOTES

76P749K OV518 (Rev. 9/93) 5/96

PROGRESS NOTES

DATE	PROGRESS NOTES	SIGNATURE

9/5/98 NSG Entry @ 1430 (P) Alteration in Thought Process. (D) Delusions will be monitored. (S) "I thought someone was in my house trying to rape me." (O) Dressed in hosp attire, poor grooming, hair unkempt. Flat depressed affect. Evasive & guarded "I had an argument w my boyfriend." is the statement given for reason of admit. Poor eye contact. Paces the hall & interacts c peers & staff. Slept & rested the majority of the shift. (I) Encl verbalization of thoughts & feelings. Encl participation in unit activities. Provide a safe environment. (E) Verbalizes feelings c much Enc. Isolative & pt remained safe.

— LVN

9-5-98 NSG Entry also (P) Alteration in thought process R/T Delusions (EO) Delusions are ↓ or absent. (S) "No I don't hear voice. I don't want to tell any more." (O) pt. wearing hospital gown with poor hygiene and Grooming flat and angry affect. Denied SI/HI/AH/VH at this time. Guarded and paranoid upon approaching. up and about unit or stayed in Hallway c minimal interaction with peers. fair appetite. (I) provide a safe environment. Orient to reality. Close observation of pt's behavior is indicated if delusional thinking reveals an intention of violence. (E) pt. uncooperative. No management problem.

— Hyppolite Jean

9/6/98 NSG. ENTRY PT slept all over the night. 0.0.6 only for B/R. Provide PT safe Enviorment. checked q/ 15 mins for safty. PT remains safe

— Jean

COUNTY OF LOS ANGELES

OLIVE VIEW - UCLA MEDICAL CENTER

DEPARTMENT OF HEALTH SERVICES

DATE	PROGRESS NOTES	SIGNATURE
9/6/98	Ψ OD Note	
1145	I have reviewed chart + met c patient. Pt is still in need of acute care. Patient is guarded, minimizing reasons what led to her being here denies she has an illness, says "stress" caused her to RUN out of her house to point where friend had to drag her into house so she wouldn't hurt herself, causing severe abrasions + contusions to her in the process. She states "I had to get away." Pt report 2 days earlier she believed someone was going to sexually assault her, she ran naked into the street. Patient presents c guarding, making it difficult to adequately assess/diagnose, however it is my impression that patient has a paranoid psychotic process c severely impaired thought + judgement, questionable impulse control, and is at risk for hurting self and cannot adequately care for self in current condition. Patient refusing meds, states it "against my religion." Plan: (1) Continue offering Tx (2) 14 DAY Hold in DTS +6D. Walter Jackson MD	

(OVER)

PATIENT DATA-IMPRINT OR PRINT LEGIBLY

Name

MRU: GOLD,KATHLEEN
233-35-41

Date : 121766 F OVOP
HX ENGLISH W

Ward :

Req. Loc. Code

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PROGRESS NOTES

76P749K OV518 (Rev. 9/83) 5/98

PROGRESS NOTES

DATE	PROGRESS NOTES	SIGNATURE
9/6/98	Nsg Entry @ 1300 (P) altered thought process @ brow mtn.	
9/6/98	Nsg Entry @ 1300 served pt a copy of 14th day hold Explain to the pt her legal rights - pt is confused conde dmbivalent about her decision "I have to talk to my lawyer then I will let you know if I will request for a writ". ——— M. Manalo RN	
9/6/98 12 noon	WNL note pt gave me consent to discuss his Case w the lawyer & splitting advice. Wabby duston	
9/6/98	Nsg Entry @ 1300 (A) Alteration in Thought Process. (D) Delusions present or absent. (O) Dressed in street attire, fair hygiene & grooming. Pleasant & Cooperative. Bright affect & visibility on the unit. OOB to D/R watching T.V. & socializing w select staff. Remains isolate & guarded. Denies AH/VH SI/HI. (I) Encouraged verbalization of thoughts & feelings. Oriented to Reality as needed. Provided a safe environment. Encouraged participation in unit activities (E) & delusional thoughts expressed. Compliments pt on visibility. Pt remained safe ——— C Dela Cruz	

GOLD,KATHLEEN
233-35-41
121706 F OVOP
HX ENGLISH W

COUNTY OF LOS ANGELES

OLIVE VIEW - UCLA MEDICAL CENTER

DEPARTMENT OF HEALTH SERVICES

DATE	PROGRESS NOTES	SIGNATURE
9-6-98	Nsg Entry 2100 (P) Alteration in thought process R/T Delusions. (E-1o) Delusions are ↓ or absent. (S1o) "I had Good time. They are from my church". pt. paced hallway. preoccupied thinking of D/C. Received visitor. Denied SI/HI/AH/VH at this time. flat and depressed affect. minimal interaction with peers. less guarded and paranoid. Good eye contact. fair appetite. (I) provide a safe environment. orient to reality. Close observation of pt's behavior is indicated if delusional thinking reveals an intention of violence. Enc. inter-action with peers and staff. (E) pt. remains safe. No management problem.	[illegible] RN
9/7/98	NSG entry 0500 Pt observed. Sleeping well all night BKL. Pt V'd q 30min for Pt. safety.	[illegible] RN
9/7/98	Nsg Entry @ 0730 Hx. approached the writer and stated "I will go to Court tomorrow for a writ". Pt is requesting for writ on 14 day hold that was issued yesterday.	M. Donald RN
9/7/98	Ψ OV Note	
10Ho	I have seen pt + reviewed chart. Pt still in need of acute care. Pt states she had a "midlife crisis" present c impaired insight + judgement. Plan: (1) continue offering meds (2) continue hold.	Walt Jackson

(OVER)

PATIENT DATA-IMPRINT OR PRINT LEGIBLY

Nam
MI GOLD,KATHLEEN
233-35-41
Di 121766 F OVOP
HX ENGLISH W
Ward or Clinic
Req. Loc. Code ☐ I ☐ C

PROGRESS NOTES

76P749K OV518 (Rev. 9/93) 5/98

PROGRESS NOTES

DATE	PROGRESS NOTES	SIGNATURE
9/7/98	NSG. Entry - 1330 - Pt. ↑ and about + this Am. alert coop pleasant upon approach she appeared eager to explain/ventilate Reasons for Ψ hosp. pt. admits to being B/B police 2° trying to stop her from going for this "adventure", pt. c/o blister at the bottom of both her feet Requested alcohol to drain said blisters. Enc to wait for MD/OD No urgent prob. appetite good — R. Mardones SANTOS,	

GOLD,KATHLEEN
233-35-41
121766 F OVOP
HX ENGLISH W

COUNTY OF LOS ANGELES

OLIVE VIEW - UCLA MEDICAL CENTER

DEPARTMENT OF HEALTH SERVICES

DATE	PROGRESS NOTES	SIGNATURE
9/7/98	ψOD note:	
1:40pm	Labs indicative of dehydration - ketones in urine ↑ WCC + ↓ CO2. Plan: push oral fluids, repeat chem 7 + check albumin. 1° MD to follow.	Gillian Sulman-Smith MD
	addendum:	
	Pt has blisters on soles of feet 2° to shoes + abrasions on legs + abrasion (R) buttocks	
	(I) warm water soaks to feet	
	Neosporin	
	Cardinic to watch abrasion esp on buttock	
		Gillian Sulman-Smith MD
9/7/98	Reg Entry @ 2030 (P) altered thought process (C) Disintegrated thought process will be absent or decreased (S/O) "I have a lot of responsibility I need to attend too. I am going to get counseling out I know that will benefit me". Pt. up and about the unit. Pleasant visitor superficially bright & unit pre-occupied & discharged planning (A) safe & therapeutic environment provided for pt. to verbalize thought content (E) Remains safe pt & cont to refused all meds.	M Manalo RN

(OVER)

PATIENT DATA-IMPRINT OR PRINT LEGIBLY

Nam GOLD,KATHLEEN

MRI 233-35-41

121786 F OVOP

Data HX ENGLISH W

Ward or Clinic

Req. Loc. Code

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PROGRESS NOTES

76P749K OV518 (Rev. 9/93) 5/98

PROGRESS NOTES

DATE	PROGRESS NOTES	SIGNATURE
9/8/98	**NSG. ENTRY** 0500, pt. slept all night. Resp even & unlabored, skin w/d, ⊘ distress noted, checked q 30 mins for safety	H Palmer CNA III
9/8/98	Attending Note (Adm & Disch)	
11w	Pt seen, examined and discussed with resident. Pt was BIB police from home where she had been running out naked. States she had to make major decisions about life and was confused. Poor I/J A/C Good. Pt refuses to take any medication stating she is a Scientologist & it is against her religion to do that. Pt wants to be discharged. Denies past h/o similar episodes. ⊘ drugs or alcohol.	
	MSE - A&Ox4, A/C Good I/J Poor Mood OK Affect Broad ⊘ SI/HI. TP linear, goal directed. TC ⊘ FOR ⊘ I/T/W/TB ⊕ grandiose ideas of her business taking off good. ⊘ delusions otherwise. ⊘ messages from media. PERCEPTION ⊘ A/V hallucination. MEMORY Grossly intact. COGNITION Grossly intact. SLEEP OK APPETITE ok	
A-	Axis I. Brief psychotic D/o	
P.	① Pt advised to stay & get treatment. Pt she wants to leave & follow up in Church of Scientology	
	② Pt to be discharged AMA c follow up list of options given	
		Gurdas S. Arora MD

COUNTY OF LOS ANGELES

OLIVE VIEW - UCLA MEDICAL CENTER

DEPARTMENT OF HEALTH SERVICES

DATE	PROGRESS NOTES	SIGNATURE
9-8-98	NSG D/C ENTRY @ 1715: Pt. discharged AMA to self 5 mins. A+O x 3 and denies SI/HI/AH/VH. Valuables slip returned. Signed out AMA. Left c all belongings. Ambulatory and in NAD.	Acanapan

(OVER)

PATIENT DATA-IMPRINT OR PRINT LEGIBLY

Name GOLD,KATHLEEN

MRUN 233-35-41

Date of Birt 121766 F OVOP HX ENGLISH W

Ward or Clinic

Req. Loc. Code

☐ I ☐ C

PROGRESS NOTES

76P749K OV518 (Rev. 9/93) 5/98

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

OLIVE VIEW-UCLA MEDICAL CENTER

DATE (New note)

SOCIAL WORKER

9.8.98 I team met c. pt. who presented in a grandiose manner discussing her "big clients" and how pt's interest. Service is about to "pop". Pt describes her business as "sales & promotion" for internet services. Pt. alleges current "snap" is first episode of this type and produced considerable "anxiety" & "turmoil". Pt. refused to consider medication due to religious beliefs and will immediately seek the counsel of a Scientologist "auditor" upon discharge. Pt described precipitant for "snap" as confronting stressor & her "steady & safe" business which "I've worked my butt off the past 2 yrs." or accepting a singing gig on the cruise ship. Reminded that is her "passion"— "Money has never meant anything to me". Pt denied SI-SA but will accept short listing meds until "I need to be honest & say I won't use it."

(OVER)

PATIENT DATA-IMPRINT OR PRINT LEGIBLY

Name

MRUN 233-35-41

Date of Birth COLD, KATHLEEN

Ward or Clinic 12/17/66 F W ENGLISH

Rec. Loc. Code OVOP

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PROGRESS NOTES - SOCIAL WORK

76P750B - OV 756 6/93

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

OLIVE VIEW UCLA MEDICAL CENTER • 14445 Olive View Drive, Sylmar, CA 91342-1495

Date	
9-2-92	0900- Patient seen by Rick Burns Representative from the Mental Health Court who spoke to patient and patient explained Mr. Burns that he was unwilling to stay for the hospital for 14 days. M. Smith HHCP

PROGRESS NOTES

PSYCHIATRIC SERVICES

PATIENT DATA – PLEASE IMPRINT

233-35-41
COLD, KATHLEEN
12/17/66 F W ENGLISH

OVOP

76P749K—OV-516—A 5/92

DATE 11/15/11 SOCIAL WORKER

after discussion c team members pt. was not considered it was decided pt does not meet criteria to continue pt on an involuntary hold and Ms Gold is not amenable to accepting the offered and prefers going to church auditor. Ms. Gold will be d/c'd. this date AMA and wine contact either new Minister or church member to pick her up.

Karen Dewey-Rippe